TO: 15152814073

Scott

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Orga	anization)				
COMITTEE TO ELECT GEORGE NICKOLAS		FORM			
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate ((4)County Central Committee (5)County Candidate (6)City Cand Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	(Ri	Computer			
CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable) George T. Nickolas Republican					Sa
Office Sought County Board of Supervisors District (if Senate or House) Scott County			ted		
Late reports are subject to possible civil and criminal penalties. Pu	1780 (1780) 1780 (1.401(3), the candidate, for a		
I AM FILING A January 19, 2008	REPORT FOR (1) ELECTION /(2)NON-E	LECTION YEAR.		
(report date)	Indicate by #				
CHECK IF AMENDMENT TO REPORT DATED		ocal Comm	nittees, enter Date of Election		
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)		hich Electi	nc 2010 unty & Local Committees, enter County in ch Election is held cott County		
	<u>L=</u>				
STATEMENT OF CASH ON HANG	<u> </u>				
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the	etal of all funds held by the cash on hand at the end	\$	1,907.35		
CASH ON HAND at the beginning of the reporting period. (To	etal of all funds held by the cash on hand at the end	\$	1,907.35		
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COMMITTEE TO ELECT GEORGE NICKOLAS

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Reset Form Reset Form CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
ID# CK# N/A ID# CK# ID# CK#	ck# _{N/A}	Rock Island Arsenal Credit Union P.O. Box 4750 Rock Island, Illinois 61204-4750	Self	\$13.83	INCOME
	ID#				
		 			
				<u> </u>	
				L	
		+			
	CK#				L
	·		SUB-TOTAL	\$ 13.83	
		TOTAL (If last pag	e of this schedule)	\$ 13.83	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third dogree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)